

Testimony of Sarah Slocum, State Long Term Care Ombudsman before the House Ethics and Oversight Committee and the House Military and Veterans Affairs Committee, March 10, 2016

Thank you for the opportunity to talk with you today. I appreciate your concern and interest in the lives of the veterans receiving care in the state run Grand Rapids Home for Veterans (GRHV). Long Term Care Ombudsmen have been visiting the facility for the past several years, and have found some of the same issues raised in the recent report from the Michigan Auditor General.

1. **Staffing.** Adequate numbers and competency of staff have been long standing problems at the GRHV even prior to the change from staffing by state employees to a contract entity. The problem has been markedly worse, however, since the state contracted out the direct care staffing to the J2S company. As you saw in the audit report, there are documented instances of the actual staffing not meeting the amounts reported and of residents not getting the care they need. Staffing needs to be addressed.
2. **Complaints.** The system that had been in place until just recently would allow a veteran's complaint to languish for weeks before an investigation, much less action to correct a problem, was initiated. I applaud the new CEO of the Veterans Health Systems, Leslie Shanlian, for immediately changing the complaint processing time to a matter of days, not weeks. The veterans who live at GRHV have varying degrees of disability and need for care, however, for all of them, this is their home. When something like bad care, prescription drug errors, or not getting monies reimbursed when due, is happening to a person who needs care it must be addressed immediately, or very serious bad outcomes are likely.
3. **Licensure as a Nursing Home.** I believe that the nursing care section of the GRHV should be licensed as a Nursing Home under the Michigan Public Health Code (P.A. 68 of 1978) and should be held to the same standards as non-

veterans facilities. The care and the needs are the same, the regulation should be as well.

4. Ombudsman. There is a need for an external Ombudsman to advocate on behalf of the veterans who live at GRHV. I believe that we should build on the existing Long Term Care Ombudsman program. Our local Long Term Care Ombudsmen have already been visiting the GRHV and have built credibility with the veterans who live there as an outside advocate who is not beholden to the facility. And, if the GRHV is licensed as a Nursing Home, the Long Term Care Ombudsman will have the access authority and duty to advocate for those residents automatically, as we do in all other licensed Nursing Homes.

With that, I will stop and be glad to answer any questions you have of me.

